

FLOOR SCHEDULE FOR FRIDAY, MARCH 14, 2014

HOUSE MEETS AT:	FIRST VOTE PREDICTED:	LAST VOTE PREDICTED:
9:00 a.m.: Legislative Business	10:30 – 11:00 a.m.	11:00 – 11:30 a.m.
Five “One Minutes”		

H.R. 4015 – SGR Repeal and Medicare Provider Payment Modernization Act of 2014, as amended (Rep. Burgess – Energy and Commerce/Ways and Means/Judiciary) (One Hour of Debate). In its original form, this bill represented an historic bipartisan, bicameral agreement on a permanent fix to the Sustainable Growth Rate (SGR) of Medicare. However, as has become a regular occurrence, House Republicans are once again attaching a poison-pill amendment to a bipartisan agreement. According to the Congressional Budget Office (CBO), repealing the SGR and transitioning to this new payment system will cost an estimated \$138.4 billion; as their offset, Republicans are once again attempting to repeal the Affordable Care Act. Specifically, they are delaying the individual responsibility requirement by five years, until 2019, by changing the penalty for failing to purchase health insurance from \$95 or 1% of income to \$0. This will lead to a dramatic increase in premiums and in the number of uninsured. Text of the amendment can be found [here](#).

The Affordable Care Act provides tax credits and other subsidies for the purchase of health insurance to individuals and families between 100 – 400% FPL who do not have access to affordable employer-offered health insurance coverage. The individual responsibility policy is paired with critical insurance market reforms — guaranteed issue and a prohibition against pre-existing condition exclusions and predatory pricing, among others — allowing the quality of insurance to significantly improve while minimizing premium increases. This poison pill is very similar to the bill that Republicans passed last week, and according to CBO and Joint Committee on Taxation, it would result in 13 million Americans losing coverage and premiums in the individual market increasing by 10-20%.

Under the bipartisan SGR agreement, the 24% cut in reimbursements for Medicare physicians scheduled for April 1 would be averted. It would be replaced with a 0.5% update through 2018, and Medicare would transition to a new reimbursement system.

In the new reimbursement system, physicians would be given the option to participate in a Merit-Based Incentive Payment System, under which they could receive higher or lower reimbursements based on better overall performance. It would require the Department of Health and Human Services to develop metrics for care quality ratings, including clinical care, safety, care coordination, patient and caregiver experience. Physicians would also have the choice to enter an Alternative Payment Model. The new system would have statutory rate increases starting in 2024, allowing for its continued sustainability.

Positive effects of the Affordable Care Act are already being seen across the country; millions of Americans now have health insurance, people cannot be denied coverage to a pre-existing condition, women cannot be charged more for the same care, and cost growth is at the lowest it has been in 50 years. However, Republicans have made it clear time and again that repealing the Affordable Care Act is their only goal; this attempt marks the 51st time that Republicans have tried to repeal or undermine the law.

This bill is not an honest effort aimed at strengthening Medicare or helping Americans get access to affordable healthcare but is merely another in a long line of cynical attempts to undermine healthcare reform. House Democrats believe that there are acceptable, responsible pay-fors in making a permanent fix to the SGR – but undermining the Affordable Care Act is not one of them. Further, a number of outside organizations oppose this partisan approach, including American Health Insurance Plans, Blue Cross BlueShield Association, AARP, the American Academy of Family Physicians, the American Osteopathic Association, and the American College of Physicians. Lastly, the White House has issued a SAP stating that the President would veto this bill.

The Rule, which was adopted yesterday, provides for a closed Rule and one hour of general debate. **Members are urged to VOTE NO.**

Bill Text for H.R. 4015:
[PDF Version](#)

Background for H.R. 4015:
[CBO Report \(PDF Version\)](#)



OFFICE OF DEMOCRATIC WHIP STENY H. HOYER

THE DAILY WHIP

democraticwhip.gov • (202) 225-3130

The Daily Quote

"On behalf of the American Medical Association (AMA), I am writing to profess our profound disappointment that a strong bipartisan, bicameral effort to repeal the Medicare sustainable growth rate (SGR) has become a victim of partisan approaches to resolve budgetary issues... Congress is closer than ever to enacting legislation that would repeal the dysfunctional Medicare physician payment system because it has worked in a bipartisan, bicameral manner for over a year. This policy will only become law if Congress collaborates in a bipartisan manner to resolve the fiscal matters associated with this legislation."

- James L. Madara, Executive Vice President & CEO of the American Medical Association, 3/13/14